

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER	KJL		31-12
FORMALITY REVIEW	EW	949	—3/13/01
RESPONSE FORMALITY REVIEW	SS	573	06-21-01

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-Examined  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

**BEST AVAILABLE COPY**

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here